

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND					
1 Date of Request:		2 Serial/Patent # <u>107519600</u>			
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT	
<input checked="" type="checkbox"/> Filing		1	12/27/04	\$ 100	
<input type="checkbox"/> Amendment				\$	
<input type="checkbox"/> Extension of Time				\$	
<input type="checkbox"/> Notice of Appeal/Appeal				\$	
<input type="checkbox"/> Petition				\$	
<input type="checkbox"/> Issue				\$	
<input type="checkbox"/> Cert of Correction/Terminal Disc.				\$	
<input type="checkbox"/> Maintenance				\$	
<input type="checkbox"/> Assignment				\$	
<input type="checkbox"/> Other				\$	
			7 TOTAL AMOUNT OF REFUND	\$ <u>100</u>	
8 TO BE REFUNDED BY:					
10 REASON:		<input checked="" type="checkbox"/> Treasury Check <input checked="" type="checkbox"/> Credit Deposit A/C #: <u>9 11 - 0600</u>			
<input checked="" type="checkbox"/> Overpayment					
<input type="checkbox"/> Duplicate Payment					
<input type="checkbox"/> No Fee Due (Explanation):					
11 REFUND REQUESTED BY:					
TYPED/PRINTED NAME: <u>A Johnson</u>		TITLE: <u>paralegal</u>			
SIGNATURE: <u>A Johnson</u>		PHONE: <u>308-9140</u>			
OFFICE: <u>PCT</u>					
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****					
APPROVED: _____		DATE: _____			

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance
Refund Branch
Crystal Park One, Room 802B